

FEC FORM 3LRECEIVED
SECRETARY OF THE SENATE
PUBLIC RECORDS**REPORT OF CONTRIBUTIONS BUNDLED BY LOBBYISTS/REGISTRANTS
AND LOBBYIST/REGISTRANT PACs**

15 OCT 20 AM 11:58

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 12FE4M5
 Tammy Baldwin for Senate

ADDRESS (number and street) PO Box 696
 Check if different than previously reported. (ACC) Madison WI 53701
 CITY STATE ZIP CODE

2. FEC IDENTIFICATION NUMBER C C00326801
 3. IS THIS REPORT ☒ NEW (N) OR AMENDED (A)
 4. STATE DISTRICT WI 00
 For Candidates Only

5. TYPE OF REPORT (Choose One)
 (a) Quarterly Reports:
 April 15 Quarterly Report (Q1)
 July 15 Quarterly Report (Q2) and/or Semi-annual Report
☒ October 15 Quarterly Report (Q3)
 January 31 Year-End Report (YE) and/or Semi-annual Report
 July 31 Mid-Year Report (Non-election Year - PAC/Party) (MY) and/or Semi-annual Report
 (b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) and/or Semi-annual Report Oct 20 (M10) Jan 31 (YE) and/or Semi-annual Report
 (c) 12-Day PRE-Election Report for the: Primary (12P) General (12G) Runoff (12R) This report also covers the semi-annual period
 Special (12S) Convention (12C)
 Election on M M D D Y Y Y Y in the State of See Line 6(b)
 (d) 30-Day POST-Election Report for the: General (30G) Runoff (30R) Special (30S) This report also covers the semi-annual period
 Election on M M / D / Y Y Y Y in the State of See Line 6(b)

6. Covered Period(s) (a) Quarterly/Monthly/Pre-/Post-Election Covered Period (b) Semi-annual Covered Period
 This report covers M M D D Y Y Y Y through M M D D Y Y Y Y and/or January 1 - June 30
 07 01 2015 09 30 2015 July 1 - December 31

7. Total Reportable Bundled Contributions by Lobbyists/Registrants or Lobbyist/Registrant PACs (a) Quarterly/Monthly/Pre-/Post-Election Covered Period (b) Semi-annual Covered Period
 , , 0.00 , ,

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Mr. Michael F. Childers

Signature of Treasurer Mr. Michael F. Childers Date M M D D Y Y
 10 15 2015

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office Use Only							
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